

## PATENT APPLICATION TRANSMITTAL TRANSMITTAL

Attorney Docket No.	35.C15346
First Name	d Inventor or Application Identifier
SHUNTARO ARATANI, ET	AL
France Meil Lobel No.	

(Only for new nonprovisional applications unde	er 37 CFR 1.53(b))	Express Mail	Label No.	*****		
APPLICATION ELEME See MPEP chapter 600 concerning utility patent			ESS TO:	Box Pater	oner for Patents nt Application on, DC 20231	
1. Fee Transmittal Form (Submit an original, and a duplicate for fee p	rocessing)	7.	CD-ROM or Program (A	CD-R in duplicate	e, large table or Compu	iter O
2. Applicant claims small entity status. See 37 CFR 1.27.		8.		and/or Amino Acid e, all necessary)	Sequence Submission	52612
3. X Specification Total Pe	ages 17		a C	Computer Readable	e Form (CRF)	8/6
4. X Drawing(s) (35 USC 113) Total SI  5. Oath or Declaration Total Pa			i (	ation Sequence Lis CD-ROM or CD-R paper	(2 copies); or	jc9
a. Newly executed (original or	copy)				g identity of above cor	ies
- V	h Box 17 completed)  VENTOR(S)  ttached deleting inventor( pplication, see 37 CFR b).	9.	Assignment I 37 CFR 3.73 (when there English Tra Information Statement ( Preliminary Return Rec (Should be Certified Co	PANYING APPLIC Papers (cover sheet (b) Statement e is an assignee) Installion Document Disclosure (IDS)/PTO-1449 Amendment eipt Postcard (MPl specifically itemize opy of Priority Document in the priority is claimed)	& document(s))  Power of Attention  t (if applicable)  Copies of II Citations  EP 503)	
17. If a CONTINUING APPLICATION, check application information:  For CONTINUATION OR DIVISIONAL APPS only: To considered a part of the disclosure of the accompanying relied upon when a portion has been inadvertently omits.	Continuation continuation or division	on-in-part (CIP) prior application,	of prior app Group/Art Ur from which an		s supplied under Box 5b	
		ONDENCE ADDI	RESS			
X Customer Number or Bar Code Label	(Insert Customer No. or		abel here)	or Corres	pondence address below	1
NAME						
Address			-			<u> </u>
City	State	<del></del>		Zip Code	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Country	Telephone	<u>-</u>		Fax		



CLAIMS.	ار) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	2-20 =	0	X \$ \$0.00 =	\$0
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3 =	0	X \$ 80.00 =	\$0
Large sweeps; insulation	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$270.00 =	\$
				BASIC FEE (37 CFR 1.16(a)	
			Total of	above Calculations =	\$710.00
	Reduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	1.27, 1.28).	
				TOTAL_=	\$710.00
19. Sn	nall entity status				
a.	A small er	ntity statement is enclose	d		
b.	A small er and desire	ntity statement was filed in ed.	n the prior nonprovision	al application and suc	ch status is still proper
	1 1				

A check in the amount of  $\frac{710.00}{}$  to cover the filing fee is enclosed.

Fees required under 37 CFR 1.16.

Fees required under 37 CFR 1.17.

Fees required under 37 CFR 1.18.

A check in the amount of \$ \_\_\_\_\_ to cover the recordal fee is enclosed.

	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
NAME	Leonard P. Diana
SIGNATURE	21 P. Jan 29, 96
ATE	May 10, 2001

The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

NY\_MAIN 168528 v 1

the line and the first that the

20.

21.

22.

a.

b.

c.